Final report and recommendations for training needs analysis. Healthy Children in Healthy Families

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WP 4 – report

Summary of the national and local reports from WP 4 and recommendations for WP 5 and 6.

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Introduction and aim

The aim of the HCHF-projects is to improve health within children, young people and their families. The project is implemented in geographical areas characterized by a high degree of immigrants and people from lower social classes, thus, communities facing great social challenges. It is the general objective of the project to develop a “community health counsellor” concept and associated training programme, enabling persons from informal community networks and organizations like youth clubs, local schools, sport clubs and ethnic associations to promote health among children, young people and their families. The training program focuses on the development of community-based knowledge, (inter)cultural understanding, coaching, communication- and empowerment skills and strategies for activities aimed at specific target groups.

Thus, *the project wants to develop knowledge on how and where the municipalities can recruit health ambassadors, how they should be trained, how we insure continuous commitment and how we can involve civil society organizations.*

On this background the main purpose of WP 4 was to develop "an evidence base containing descriptions and analysis of crucial parameters for the project at the national and local levels in the participating countries". This report sums up the major results from the data conducted on the basis of the template from WP 4 and pointing towards the above mentioned aimes. The main purpose of the report is to present a *foundation and recommendations for the work with developing of a conceptual framework* consisting of methods, guidelines and recommendations for efficient partnership collaboration in health promotion for children, young people and families with a specific focus on integration of civil resources.

The report is a *general* recapitulation and analysis of the data from WP 4, especially in order to make a basis for the training needs analysis (WP 5) and the development of the training programme (WP 6). The recommendations in this report must be evaluated against the data collection and experiences within each local community in order to develop the *local* training programmes.

The report is *action-oriented* more than forming a scientific basis for similar projects. It presents good ideas, inspiring examples and reflections on national differences in the work with a) health initiatives in local communities characterized by a high degree of ethnic minorities and people from lower social classes: e.g. good methods and central target areas, b) training programmes based on involving civil society actors and/or other resource persons in the local community and c) health interventions based on an empowerment-oriented perspective.

The report consists of five parts

1. Short description of the datacollection based on the template from WP 4
2. Schematic overview of the reported projects
3. Important findings
4. Summary and recommendations
5. Appendix: Collection of ideas

Short description of data-collection:

The datacollection has been organized at two horisontal levels and at to vertical levels:

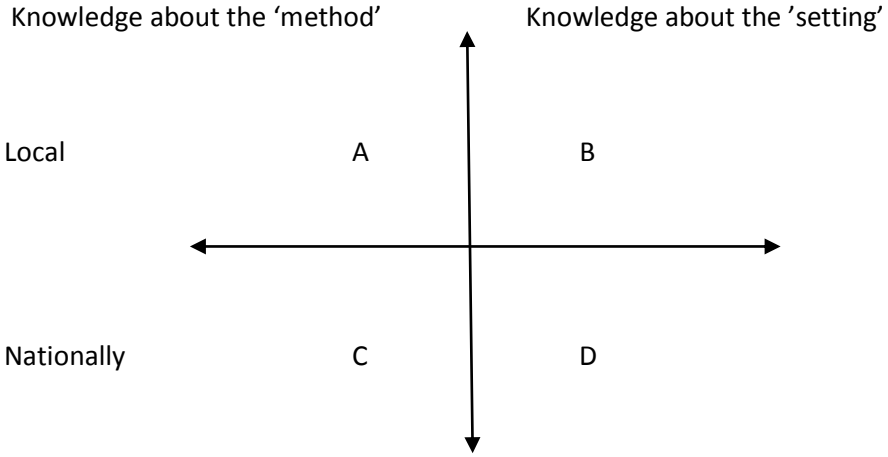
Local level: This implies a participant perspective. Focus is on the local area, where the project shall be implemented. The focus is on the past and current health promoting interventions, as well as the citizens who are or will become involved in this project. This in order to gather relevant knowledge about the local area and the target group.

National/regional level: The objective here is to look up from the local level and examine the same points at the national or regional level and in a more research-oriented perspective. This in order to collect possible good /bad experiences and knowledge relevant to the project.

Knowledge about the 'method': Focus here is on experiences from working with health issues in multi-ethnic areas. Especially methods, project or interventions 1) having an empowerment perspective (Empowerment is basicly understood as 'the process of enabling people to increase control over the determinants of health and thereby improve their health" (WHO 1998: 1-2). It is essential that "people have to be at the centre of health promotion action and decision-making processes for them to be effective"(ibid.:2)) and 2) focusing on involving civil resources.

Knowledge about the local 'setting': Here is the focus on the actual target group, its network and the housing area/the local environment.

These four levels formed an analytical model for the data-collection:



The template was discussed at a kick-off-meeting in Bruxelles in September 2010 and the datacollection was subsequently conducted by each participating country. The reportings from each of the countries forms the basis of this report. For further information on the datacollection-method, please read the template form on https://sites.google.com/site/healthychildreneu/document-archive/wp-4---creation-of-evidence-base. For detailed information on the specific local areas, please, read the local reports on the same website.

Schematic overview of the reported projects

This chapter contains a schematic overview of the reporting's from both the local areas and the nations. This includes local and national projects, main target areas, main target groups and involvement of resource persons in the local area, region or nation. The scheme involves the concept of volunteerism since this *may* be of importance in the work with the community health counselor project.

Nation	Local community	Projects reported	Main target areas	Main target groups	Involvement of resource persons
Norway	Sagene (Oslo) 33000 inhabitants, immigrants representing 23 % , one among five districts in Oslo with the worst living conditions, growing differences between rich and poor	Local: -Family Centre and meeting place -Somali women's group -Summer Club for children -Home-Start Family Contact National: -Sande County – cool life project -Red Cross Oslo -The Norwegian Confederation of Sports	Strong networks: Connecting people, learning them social skills and strengthening relationships Mental health disorders among children Family activities, empowering parents to support their children's development	Families with children	There is a strong focus on voluntary work in the public health sector in Norway. The government provides financial support to voluntary organizations. The Norwegian Confederation of Sports has in cooperation with the public sector, organization and other partners taken an active role in promoting active lifestyle in the local community (p.3)
Nation	**Local community**	**Projects reported**	**Main target areas**	**Main target groups**	**Involvement of resource persons**
Croatia	Karvolac 141 787 inhabitants, 23, 32 % with no education 17,4 % unemploymentrate Financial support is a major problem in the local area as well as in the country in general	Local: -Carpe Diem: be not addicted, be yourself -Prevention programme of the town of Karvolac -Protecting youth from alcohol -Karvolac – Healthy County National: -Together -Sensitization society about obesity prevention	Drug abuse, drug addiction and prevention of addiction, especially drinking among young people is a big problem Proper use of medications and free time Mental health among young people Awareness of the problems among parents, educators and professionals	Young people with addiction problems Children and young people and their families	Volunteering among citizens is not very appreciated in Croatia. The social environment is unfavorable and the economic situation is difficult. There are good experiences with involvement other civil actors and civil organizations, especially schools, involving lectures for teachers (p.11)

Nation	Local community	Projects reported	Main target areas	Main target groups	Involvement of resource persons
United Kingdom	Coventry 312800 inhabitants, 74,1 british white and 24,9 black and minority ethnic, employment rate lower than the national rate, high rate of obesity and children deemed to be living in poverty	Local: -One Body – One Life -Active for health -Coventry Healthy walks National: -Community Health Educator Programme -Home-start -Change 4-life	"Tackling obesity is by far the UK's highest health priority for children" (p. 31) Better life style choices, especially; smoking, alcohol, diet and physical activity.	Families with children or parents that are obese Expecting mothers "Evidence from the existing programmes also suggests that fathers are a difficult group to engage in family interventions and therefore may need to be specifically targetted" (p. 21)	The Walk Leaders Programme and the Community Health Educator Programme are examples of experiences with volunteerism. On a national level experiences with integrating local schools and other public services are reported, especially the change-4-life-programme is interesting.
Nation	**Local community**	**Projects reported**	**Main target areas**	**Main target groups**	**Involvement of resource persons**
Denmark	Vejle ('Løget') 1896 inhabitants, 60, 8% lonely, 43 % with another ethnic background than Danish, high unemploymentrate (73%) Vollsmose 10000 inhabitants, 68 % of ethnic minority, 80 different minority groups	Local: -Health center 'Hjerterum i Løget' -Weight-stop-counselors -Books and health -'Pocket money'-project -'Neighbourhood-mothers' -School-work-cafe' -Vollsmose Health Centre National: -Healthy in your language -Transformation agents -'City in balance'	Owerweight and other lifestyle-habits 'The good life' Upbringing of children in depraved families	The local inhabitants in general Families, especially women/mothers: 'When mamma ain't happy, ain't nobody happy' (Vejle, p. 6), Neighbourhood-mothers' (Vollsmose) focusing on childrens' integration and development.	The idea of educating 'health counselors' is quite well-known in Denmark. In a report from the National Board of Health (2005) the authors state, that "the use of and education of *health counselors* is a frequent and recommendable approach to prevention and health promotion among ethnic minorities" (p.10). The health counselors are often citizens volunteering and not actor from civil organizations. Though the reports suggests close collaboration with local actors.
Nation	**Local community**	**Projects reported**	**Main target areas**	**Main target groups**	**Involvement of resource persons**
Spain	Cáceres 95035 inhabitants, 20% under 19 years old , 3162 foreigners	Local: -Health promotion in schools -'Do you sign up, do you come?' National: -To prevent to live -The Frame Programme of palliative care	General health and healthy lifestyle among the population in the local area Managing free time thus avoiding drug abuse among young people	The local population in general School children	Volunteerism is one of the basic action tools within the social field in Spain. The Cáceres Volunteer Platform has a central role. They give training and also support other activities and they inform in general about: what Volunteerism is, which

					are the rights, the duties and insurances for volunteers (p.4) There is reported one project working directly with teachers, parents and children, including education of the teachers to do social health work (Health Promotion in schools)
Nation	**Local community**	**Projects reported**	**Main target areas**	**Main target groups**	**Involvement of resource persons**
Italy	Verona 264.475 inhabitants, 35.263 foreigners, 61.206 persons are over 65 years old	<u>Local:</u> -Centre of Service for Volunteer organisations (CSV). -"Doctors for Peace" -"Freedom and Integration". -Lazy sucks, active rocks! -A number of local, regional and national projects are summed up (p. 5+ 13-14)	Hygiene, access to health services and reproductive health Integration; social- and health-related. Integration among different multiethnic groups Social skills Children and adolescent's rights	Children, school children, families and also monoparental families	The Centre of Service for Volunteer organisations (CSV) is a central organization. Their aim is to spread among citizens the pro-active culture of solidarity, to assess needs and to protect rights of minorities and socially excluded persons (p. 1) Special funds for Volunteerism are established in each region. Most of the activities are carried out thanks to the voluntary workers of the 77 Centres. 738 operators are full time working (p.2).

This overview shows national and local similarities and differences and may serve as a comparison and inspiration tool. It underlines 1) than *even though we are working in the same project it is quite different what we find of major interest and importance according to facilitating health among a group of citizens,* 2) different prerequisites for involving civil society organizations and/or resource persons in the local area. But most importantly it determines 3) that *we need to discuss our concepts, especially the concept of health, the concept of 'civil actors or resource persons' and the concept of empowerment. We may also need to discuss the main target areas.* Overall the introduction scheme clarifies the importance of visualizing what's common in the HCHF-project, yet (within the common frame) creating space for the individual preferences.

Important findings:

The following is an outline of the ideas, experiences and recommendations of relevance for the further work. These are listed in three categories: 1) Recruitment of civil actors and/or resource persons 2) The training program and training needs analysis, and 3) Motivation of the health counselors.

1. Recruitment:

The HCHF-project wants to focus on the "integration of civil resources". First of all it is important to consider what we understand by 'civil resources'. Is the main target group for the training programme resource persons *in more informal networks*, that is persons among the local citizens (those who live here) or is it local recourse persons *working* in local organizations like youth clubs, local schools, sport clubs and ethnic associations (those who work there)?

Most reports suggest partnerships with local interest organizations and public services. This to avoid 1) competing aims, 2) inundating the health professionals with the great number of interventions, and 3) to make the intervention more sustainable.

Having a steering group with representatives from partner organizations facilitates better collaboration and ensures everyone's goals are respected (UK). This also reduces potential duplication of effort and gives easier access to people who may be skeptical about "new" people and initiatives (UK). In Vejle local coordinators have been employed to coordinate the activities in the area.

Both Italy, Spain, Croatia and UK report good experiences with and suggestions for working with schools as partners: "The program would be easier to carry out through activities in schools and already existing institutions that have already some experience with this issue. Direct visiting homes in not recommended" (Croatia p. 26) and "To be successful, family-based interventions must involve health professionals, schools and teachers, they cannot be "standalone" initiatives" (UK p. 32).

Overall the collaboration with local civic organizations has three major potentials: 1) It may be the best place for recruitment of persons for the training programme. That is, persons already working in the area and having an advantage in their daily work if they educate themselves to health counselors. This, though, may involve an economic problem. 2) The civil society organizations may be a place for recruiting local citizens for the programme or 3) the organizations may be a place for carrying out the health counselors' activities both during and after the educational programme.

Besides the strong recommendations for partnerships with civil society actors, the reports have the following ideas for recruitment:

How?

- Public services, websites, and leaflets.
- Radio and face book
- Bulletins in malls and shops
- Participating in local meetings and activities
- Involving parents to recruit children for activities
- Information at school, cooperation with public services.
- Through health professionals in the local area.

- Word of mouth and health promotion events held in local communities.
- Ethnic associations
- Forming the programme as activating courses for unemployed
- Exploit the trust relationship: if the organisation which arranges the training is already trusted by citizens, the recruitment process will be easier (Italy p.8).
- Having a physical presence within the community is very beneficial! Medias, local health works and other professionals meeting the local people in their everyday life seems to be the most effective method.

Who?

- "Most of the users are women, but they are aware that they need to reach out to men in the families as well. A challenge is often that women and men evolve in different pace and direction, which create conflicts at home."(Norway p.8)
- Parents with minority background
- Wide spread recruitment (Veale, Denmark)
- It may be important to be aware not only to recruit among ethnic minorities since this may exclude a big group of socially depraved.
- People already engaged in education on higher educational institutions. They can use this for applying for citizenship and they are good role models (Denmark).
- It is important that projects like this that addresses inhabitants in areas characterized by a high degree of ethnic minorities and people from lower social classes are 'sold' as being a good offer and not social work.

All in all the reports stress that partnerships on one side and knowing the local area and recruiting through local channels on the other are the most important issues.

2. Training programme and training needs analysis:

In developing the training programme and training needs analysis we need to consider the content and organization of the training programme and not least the expectations to the coming health counselors.

Content of the programme:

The reports all agree (more or less explicit) that volunteers need to be trained to do something else than to *inform*. Spain points out: "The exclusive dissemination of information is not effective" (Spain p. 8). This also emphasizes that the programme needs to contain more than information on good and bad health. In general it is suggested to avoid a lot of talk and little action. Working with practical projects seems to be of great importance during the education. "Focusing on the practical health work and pedagogical methods should be up front in the training program. It is recommended that practical training is part of each theme" (Denmark p. 4).

UK emphasizes that the use of role plays is effective and Spain has experiences with similar training course, noting that it is "distributed in week-ends and has a good acceptance by the participants due to the fact that the theory part is complemented by group dynamics that helps to understand in a better way what is meant to be a volunteer" (Spain p. 4). Italy suggests a concrete model: "A practical

ongoing workshop (including a traditional teaching phase, an experimental phase and the evaluation), having the possibility to be constantly in touch with the tutor (especially during the second phase)" (Italy p.8).

Concerning the more health-related content of the programme the recommendations are quite different. Some reports suggest specific target areas such as physical activity and healthy diet in kindergartens and schools (Norway) or alcohol abuse (Croatia). Others suggest that the most important themes in the education and following work should be: circumcision, radicalizing of young men, upbringing, marital problems and other issues related to problems in the family and that "the more physical aspects of health are not that important to ensure a better life among the target group" (Denmark p. 3). Norway suggests that the major theme should be "What is the good life?". Finally Vollsmose stress that the content of the course must defined by the participants themselves (Denmark).

In general this indicates *that the sensibility to the specific local area is of great importance when it comes to defining the content of the training programme.* In general the reports agree that it is important also to focus on more 'method-oriented' themes such as how to maintain the motivation of the target group (UK), teaching tools and relational skills (DK). It is vital that interventions are culturally sensitive and tailored to the needs of the specific communities. Gaining input from representatives of the target communities as to their needs and preferences for interventions will help to ensure this, as well as gaining early buy-in from local influencers (UK).

As an addition it is recommended, that the social part of the training programme is emphasized; "maybe it could be a common meal on this course?" (Norway). Also Denmark report experiences emphasizing that it is important to support the development of teamwork and community in the corps. This could be done through good planning and selection of highly qualified teachers (Denmark).

It is big challenge to define the professional level in the training program. The counselors must know more than the target groups in general but need not be health experts. The resource persons in the program may want to have a high professional level in order to strengthen the professional security. However, it is important to create realistic expectations for their own knowledge, including basic knowledge about body and health. *Low literacy levels* among the target group are a challenge mentioned in several reports. Training material must be at an appropriate level and should not be academic in tone. Summa summarum: Academic content, but not too complicated. This is, of course, dependent on *who* we define as the resource persons taking the education.

Organization:

Dependent on where the resource persons are recruited it is important to consider the organization of the training programme. Most people don't like to travel far to take part in initiatives. Having the programme close to where they live is important. As Spain notes, it is difficult "to get groups of volunteers in a same district and at the same time to do a practical training session and to schedule the different activities demanded with the availability of the volunteers" (Spain p. 5). From several nations it is suggested that the training should be arranged around volunteers' other commitments, especially work and children (UK, Denmark, Norway, Italy). This may mean that education should be placed evenings and/or weekends or late afternoons. At the same time the program must be workable, not too extensive. Not too long training

sessions. Babysitting, care sharing and other logistic arrangements may be necessary if the participants are recruited among local citizens. A concrete suggestion is to arrange the training programme including both traditional lessons/ workshops in a defined location and e-learning modules (Italy).

Again, it is important to stress the need for partnerships with local organizations such as schools, sportsclubs and ethnic associations. This is important both if the counselors are recruited from these organizations and if they are recruited among the local citizens.

Commitment and training needs analysis:

It is important to stress the need for *commitment* in the educational programme. A structured application process is suggested from several countries. In a project from UK training needs analysis is undertaken individually with each volunteer based on their own current skills and experience, their interests and the type of activities they plan to support (UK).

The expectations must be made clear to the participants at the very start of their involvement and training. It is important to make explicit demands for example concerning linguistic skills and attendance at the lessons. Vague requirements cannot be traded on (Denmark p. 4). Italy recommends to set the main selection criteria to identify the most suitable people, according to the intervention that will be implemented (Italy). Another suggestion is to identify the specific activities of the counsellors work and give a clear job description to the counsellors who will be hired for the intervention (Italy).

Finally each community must consider how many they need for the education. Concerning this matter, Denmark suggests "rather a lot than a few" and points out that this allows internal dynamics in the corps and it allows you to hold more foreign languages, sexes and ages (Denmark).

Different languages and cultural differences both in the local areas, in the group of resource persons attending the training programme and between the counselor and the citizens seem to be a big challenge. Using written material in the education, as well as for recruitment and in the activities carried out by the health counselors after the training, involve linguistic challenges. The projects may not be understood in a 'non-western' context (Denmark, Vejle) or it may not be understood at all. It may be important to choose one specific ethnic target group for the training programme and/or for the interventions carried out by the counselors (Vollsmose, Denmark). Children from the community who are already in the school system and who speak the national language may be of assistance in communicating with some of the adults (Italy).

3. Motivation

In order to make people volunteer for the training programme, considerations on motivation is important. There may be both personal and/or educational benefits and also it is important to discuss how the counselors' motivation for working with health in the local areas is sustained after the end of the training programme.

Personal motivation:

In general the reports state that motivation must happen through emphasizing that the counselors are a valuable resource.

If the participants are inhabitants in the local area, this could happen by explaining needs and benefits of helping others and the local community, by putting focus on the importance of their participation because 'you have something to contribute with and you can a make a difference in your life'. But it could also be by accentuating the chance of having personal skills giving priority in an employment-situation. Italy states that the opportunity to gain public acknowledgement is very important for involving new volunteers (Italy). Furthermore, Norway emphasizes the importance of focusing on the social motivation of the volunteers: "To make it a place to meet new people" (Norway p. 11).

If the participants are recruited among employees in civic organisations, the most important motivating factor may be that the training programme provides new tools and strategies in the daily work with the citizens.

Educational benefits:

Vollsmose suggests that the level should be so high that ECTS is possible. Others that a certificate diploma should be handed out since it can be valuable in relation to later work applications. This could be a formel or official document referring to the training programme, so that it is possible to quote it in the CV and exploit the competencies in an employment situation. (UK, Denmark, Norway, Italy). In Vejle the volunteers are offered an examination.

It may be an idea to make the education accepted equally with other educational offers in the local area. It could – in that way – be an offer/possibility for unemployed (Denmark). Italy supports this by suggesting that:"People should see the "added value" of the training programme. For example the training programme. It should be "sold" as a comprehensive learning programme that gradually includes topics and practical activities that become more specialised as the programme advances (e.g. gradually focussing on Health Promotion theory and practice)" (Italy p. 8). Again this depends on who we define as the resource persons.

Commitment:

An often mentioned point is to insure follow-up sessions or similar support to the educated health counselors. First of all it is important to secure a time-frequency so the health counselors should not wait too long before using their education (Norway). Secondly it is important to have regular visits to the counselors after the programme by the co-ordinators to follow up and maybe ensure that everything is running well. Several reports suggests *continuous courses* or updates for the resource persons to update them and to help them use their skills in real life settings but also to maintain their motivation and secure a place for exchanging experiences, ideas and challenges. This also concerns ensuring *time* for the health work in the area after the education. Having a framework for evaluation and health and safety to support the health counselors in their delivery every day is also suggested (UK). Italy suggests to create a group using an open source platform to put the training course materials, making it possible for the trainee also to share documents and files and have a "dialogue forum" (Italy p.9).

The skills / capability of the coach as well as of the resource persons are critical in ensuring that the programme is delivered successfully. As already mentioned a structured application process may ensure that the participants are committed to the programme. It also ensures that they have the right skills and mindset (UK).

Other suggestions for motivation and commitment:
Reimbursement for travelling outside their own community is a good way to overcome barriers and build loyalty (UK p. 23).

An annual celebration to say thanks to the health counselors (UK).

Italy suggests raffling a trip for two persons to one of the other participant countries. A competition to identify the two resource persons who have reached the best results thanks to the training course could be arranged (a sort of "Community health counsellor award"). There could be a combined evaluation, including both learning and relational skills. During their stay, people would have the opportunity to observe colleague volunteers, and to really experience best practice (European added value). A budget revision should be made about this, but people could host each other to reduce costs. (Italy).

Summary and recommendations for WP 5 and 6:

The formal approach of the HCHF is to *develop knowledge on how and where the municipalities can recruit health ambassadors, how they should be trained and how we insure continuous commitment and how we can involve civil organizations in the work.* However this summary of the local reports show that we may not think of the resource persons in civil organizations as the coming health counselors but more the local inhabitants. On this basis and on basis of the above mentioned reportings from WP 4 the following recommendations seems to be of importance for the further work with the training needs analysis (WP 5) and development of the training programme (WP 6):

Clarify the strategic level:
How do we establish close collaboration with civil society organizations? How do we create 'efficient partnercollaboration' between the civil society organizations and the municipalities?

Define the target group and where to recruit for the training programme:
How do we understand resource persons? Is it resourcefull inhabitants in the local area coming from more informal networks *or* is it resource persons already working or doing other kinds of social work in civil organizations located in the area: youth clubs, local schools, sport clubs and ethnic associations? It is recommended to recruit from civil organizations and/or schools or institutions as far as possible in order to strengthen the strategic collaboration with the municipalities.

If the recruitment takes place among the local inhabitants it is very important to have partners who know the area and the inhabitants quite well. Being in the area is fundamental, especially in the recruitment face. Using written material can entail cultural and linguistic barriers.

Make partnerships with other local interventions and actors:
The collaboration with local civic organizations has three major potentials: 1) It may be the best place for recruitment of persons for the training programme. That is, persons working in the area and having an advantage in their daily work if they educate themselves to health counselors. This, though, may involve a economic problem. 2) The civic organizations may be a place for recruiting local citizens for the programme or 3) the organizations may be a place for carrying and structure out the health counselors' activities during and after the educational programme.

Define where and how to integrate the concept of 'empowerment':
The concept of empowerment is not treated explicitly in the reports. This may be caused by the template for the reports but it may also be a consequence of not having discussed this matter in details yet. Before developing the training needs analysis it is important to consider the concept of empowerment; what, how and where?

Discuss the concept of health and construct the programme with a high degree of cultural sensitivity and in collaboration with the volunteers:
What is considered as central health problems is national and local specific and the training needs analysis and the training programme must be culturally sensitive and tailored to the needs of each specific community. Thus the themes and the organization included in the education must also be chosen with regard to the specific target group and not least minority group since their problems are quite different. It is recommended to develop the content of the training programme in collaboration with the counselors. Also it may be of relevance to discuss the concept of health in the development of the training needs analysis.

Be aware of the power-dimension and ensure further commitment and strong leadership
It is important to be aware of the dimension of power in a project of this kind. We start the process and we cannot expect it to 'run itself' after the education is over. There must be follow-up meetings, lessons and/or a person having a consulting function in the period after the education. Otherwise the project will not go on.

Motivate through appreciation and applicability of the education
If the resource persons are resource persons in the local area, motivation should happen by explaining needs and benefits of helping others and the local community. But it should also be by accentuating the chance of having personal skills giving priority in an employment-situation.

If the resource persons are recruited among employees in civil society organisations, the most important motivating factor may be that the training programme provides new tools and strategies in the daily work with the citizens increasing their competences.

In any case it is important to insure ECTS, examination papers and/or another form of applicability of the education through possibilities for employment, citizenship etc.

Set clear criteria and expectations for the volunteers
It is of great important to stress the need for *commitment* in the programme. The expectations (both during and after the education) must be made clear to the resource persons at the very start of their

involvement and training. On that background it is suggested to make a structured application process identifying matters as: linguistic skills, motivation, experiences with educational programmes, interest and other current skills concerning relational, literary and linguistic competences and personal challenges. This may be undertaken individually with each volunteer. At the same time it is recommended to make a less or more formal 'contract' with the resource persons where the demands are clarified: attendance, participation and expectation for their initiatives after the education.

Be aware of the linguistic challenges

Using written material both in the education and for recruitment need to be considered. It may be important to choose one specific ethnic target group. Children from the community who are already in the school system and who speak the national language may be of assistance in communicating with some of the adults.

Organize the education in a practical way, not too academic adn with a focus on methods:

Dependent on the who the resource persons may be, the educational programme must be orchestrated in a way that makes it possible to work with practical projects. It is thus recommended that practical training is part of each theme, complemented with more theoretical parts. Training material must be at an appropriate level and should not be academic in tone.

Furthermore, the health counselors should be equipped with more than informational strategies, meaning that pedagogical methods and theories of motivation, conflict management and relational-work also have to be present in the training program.

Appendix: Ideas for concrete initiatives:

The following is an 'idea-catalogue' gathering some of the ideas from the different nations. The ideas are directed against *what the volunteers may do or how to work with volunteerism and health promotion in areas of this kind*:

Initiatives:

- Local Centres: EG. Family Centres where parents can meet: "Here they can have guidance and counselling in how to cope with their role as a parent" (Norway), Health centres with open guidance, babyrooms, physical activity (eg. zumba) and courses in weightloss and top-smoking (Denmark, Vejle)
- Guided shoppingtrips
- Financial support for the children to be able to participate in activities (Norway)
- Summer schools/free vacation for children to provide them with activities during school holidays; recruitment from municipality houses. Especially the 'hot meal' was very popular. "It was written "contracts" with the children who participated. They pledged to listen to adults, to respect each other, no nudges or fighting and they should clean up after themselves "(Norway)
- Local walk leaders
- Encouraging a neighbour or family member to quit smoking
- Building a mechanical milking cow to show children where milk comes from, and taking it to local schools
- Organising a yoga class to take place in the workplace at lunchtimes (UK)
- Break dancing, zumba, swimming
- 'Home-work-cafe' for young people attending school and higher education. This helps young people to overcome the major problems they meet here, especially lack of linguistic skills and different cultural norms as comes to manifesting oneself (Vollsmose, Denmark + Italy).
- Multicultural workshops: The workshops are based on recreational activities such as outdoor activities, in gyms and orienteering and are aimed at developing motor skills. Assistants qualified in Sports sciences, volunteers involved in the Many Colors network, Cestim and teachers are all involved. (Italy)
- Workshops and lectures for parents and teachers (Croatia).

Organization:

- Cooperation with local clubs: free sports halls, separate training sessions, break dance, swimming etc. Both for children and their families (especially women). (Norway)
- Integrating schools in the work, visiting other schools as 'peer educators' other schools (Croatia and UK)
- In Vollsmose Denmark there has been made a structure for the investigative work so that the barrier for the volunteers to 'knock on unknown peoples doors' was recognized. The structure means that all women in the area are offered a visit by a 'neighbourhood-mother'. In that way nobody is singled out as 'weak' og bad mothers.